



Office of General Services Office of Business Diversity

Design and Construction

AN ISO 9001:2015 CERTIFIED ORGANIZATION

Office of Business Diversity, 29th Floor, Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242

Phone: (518) 486-9284

FAX: (518) 486-9285

CONTRACTOR'S SDVOB UTILIZATION PLAN

☐ Revised Plan

Contract No.: **47208-E**

Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization.

Submit completed responses to DCSDVOB@ogs.ny.gov

Contractor's Name, Address and Federal ID No.: Stilsing Electric, Inc. 500 South Street Rensselaer, NY 12144 Federal ID No.: 14-1431598	Contract Description/Location: Region 8 Clinton Corners	Date Proposal Approved:	Date Printed:	Bid Date: 5/19/23	SDVOB GOAL 3%
	Work/Job Order:	OGS Project Number:	Work Order Value:	Contract Amount: \$111,065.00	

Certified SDVOB Name, Address and Phone No.	Description of Subcontracting/Supplies	Anticipated performance/purchase date(s)	Dollar Value of Subcontract/Supplies	FOR OGS USE ONLY	SEE BDC 328.1S
Tony Baird Electronics Inc 315-422-4430. 461 E. Brighton Avenue Syracuse, NY 13210 Federal ID No.: 20-2548047	Supply of Conduit & Wire	6/15/23	\$3350.00		<input type="checkbox"/>
Federal ID No.:					<input type="checkbox"/>
Federal ID No.:					<input type="checkbox"/>
Federal ID No.:					<input type="checkbox"/>

Pursuant to Executive Law Article 17-B, my firm will engage in a good faith effort to achieve the SDVOB goals on this contract.		Contractor's Comments:	
Contractor's Signature: <i>Kimberly Deere</i>		OBD: Confirmed	
Enter Name: Kimberly A. Deere		FOR OGS USE ONLY <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Accepted as Noted <input type="checkbox"/> Notice of Deficiency Issued SDVOB % _____ \$ _____	
Title: EEO Officer			
E-Mail Address: kdeere@stilsingelectric.com	Date: 5/24/23	OGS Authorized Signature: <i>Mariam Mehanna</i>	Enter Name: Mariam Mehanna Date: 05.25.2023